



The Therapy Corner Counseling & Consulting, PLLC
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Insurance Verification and Financial Responsibility Agreement

As part of our commitment to providing you with the best care, The Therapy Corner Counseling & Consulting, PLLC, will verify your mental health insurance benefits. However, please note that verification is not a guarantee of payment. Mental health coverage varies across insurance policies and may be subject to limitations, restrictions, or exclusions. It is your responsibility to understand the details of your specific insurance plan, including the following:

Covered Services

Please ensure that your policy includes coverage for mental health services, such as therapy, diagnostic evaluations, and counseling sessions. Not all mental health services may be covered under your insurance plan.

Out-of-Network Providers

If our practice is considered out-of-network by your insurance provider, you may be responsible for a higher portion of the costs, or the full cost of services, depending on your plan's out-of-network benefits.

Pre-Authorization Requirements

Many insurance plans require pre-authorization for mental health services. It is your responsibility to confirm with your insurance provider whether pre-authorization is required for therapy, psychiatric evaluations, or ongoing counseling sessions.

Client Financial Responsibility

You are ultimately responsible for all costs associated with your treatment, regardless of your insurance coverage. This includes any applicable deductibles, copayments, coinsurance, and non-covered services.

Deductibles

If your insurance plan includes a deductible, you are responsible for the cost of services until the deductible has been met.

Copayments/Coinsurance

You are responsible for any copayments or coinsurance as determined by your insurance plan. Payment for these amounts is due at the time of service.

Non-Covered Services

If any services are not covered by your insurance (such as certain therapies, tests, or consultations), you will be responsible for the full cost of those services.

Non-Payment by Insurance

In the event that your insurance company denies coverage or payment for mental health services, you will be responsible for the full balance. Common reasons for denial include, but are not limited to:

- Services not deemed "medically necessary" by the insurance provider.
- Services exceeding the number of allowed sessions.
- The use of out-of-network providers or services not covered under your mental health benefits.
- Failure to obtain pre-authorization or a referral when required.

Payment Responsibility

If your insurance denies a claim and it is determined that you are responsible for the balance, the payment method on file will be charged for the full amount due. It is your responsibility to ensure that your payment information remains current and accurate.

Payment Plans and Self-Pay Options

We understand that unexpected expenses can be a burden, especially regarding mental health care. If your insurance denies coverage, we offer flexible payment plans to ensure your care continues without interruption. We also offer discounted rates for self-pay clients and those without insurance coverage.

Appeals of Denied Claims

If your insurance company denies payment for services, you have the right to appeal the decision. Our practice will provide the necessary documentation to assist you in this process. However, please note that you remain responsible for any unpaid claims, regardless of the outcome of your appeal.

Out-of-Network Reimbursement

If we are considered out-of-network by your insurance provider, you may be eligible for partial reimbursement from your insurance. In such cases, full payment for services is due at the time of the session, and we will provide you with a detailed invoice for submission to your insurance for reimbursement.

By signing below, I confirm that I have read, understand, and agree to the terms outlined above regarding payment and attendance policies for services provided by The Therapy Corner Counseling & Consulting, PLLC.

Client Name

Signature of Responsible Party

Date